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REFERENCE NO

52224/297560

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### COMMENTS

Applicant:

Brown

Title:

Network Address Space Clustering Employing Topological Groupings, Distance Measurements and Structural Generalization

Serial No./Docket No.:

10/662,108

52224/297560

Filing Date

09/12/2003

#### PAPERS SUBMITTED:

1. PTO/SB/21 Transmittal Form
2. PTO/SB/122 Change of Correspondence Address Application
3. PTO/SB/86 Statement Under 37 CFR 3.73(b)

Date: August 24, 2004

By: Brenda O. Holmes, Reg. No. 40,339

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PTO/SB/21 (02-04)

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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/662,108
	Filing Date	September 12, 2003
	First Named Inventor	Geoffrey Brown
	Art Unit	2141
	Examiner Name	DHARIA, RUPAL
Total Number of Pages in This Submission	Attorney Docket Number	52224/297560

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1) PTO/SB/122 & 2) PTO/SB/96
Remarks _____		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Brenda O. Holmes
Signature	<i>Brenda O. Holmes</i>
Date	08.25.2004

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Signature	<i>Brenda O. Holmes</i>	Date	08.25.2004

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